No Spring Chicken
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For my own mother, Shelley Hoben, whose love of motherhood was my first and enduring inspiration to become a mom, and who cared for my baby so I could rehearse this play. Mom, you talked too much while I was in labor, but I'm so glad you were there to see your granddaughter enter this world.

Cast of Characters

JENN, 40

THE MAN IN THE MOON, a voice only. Can be prerecorded.

Production Notes

It might be helpful to keep some light on the audience because Jenn so frequently addresses them directly. Ideally, the actor can see and deliver full sentences/thoughts to individual audience members.

The voice-overs come from one omniscient source, "The Man in the Moon." The Man in the Moon gives voice to various characters opposite Jenn: Online Medical Expert, Mysterious Voice, Animal Expert, and potentially The Man in the Moon himself in the prologue. Jenn is always aware of his presence, and then keenly aware of his absence at the end of section VII. From then on, she is on her own.

As if orchestrated by The Man in the Moon, the soundscape plays an important role in this play. Some suggestions are made for sound effects. You may find more, you may desire less. Have fun.

The set could incorporate a crescent moon, if possible.

* Feel free to replace the names of the referenced celebrities (indicated by asterisk) to suit your production's present day.

** There is an additional two-person version of this play in which The Man in the Moon is embodied by a second actor. Please contact Playscripts for more information.

Production History

No Spring Chicken was originally produced by NextStop Theatre Company in Herndon, Virginia, in September 2015. It was directed by Sullivan Canaday White. The cast was as follows:

JENN . . . . . Ginna Hoben
THE MAN IN THE MOON (V.O.) . . . . . .Evan Hoffmann

The first two-person version of *No Spring Chicken* took place in May 2016 with Transylvania University and Project SEE Theatre in Lexington, Kentucky. It was directed by Sullivan Canaday White. The cast was as follows:

JENN . . . . . Ginna Hoben
THE MAN IN THE MOON. . . . . .Sheffield Chastain

Acknowledgements

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NO SPRING CHICKEN
by Ginna Hoben

I.

JENN. I arrive fifteen minutes early for my noon appointment. I am given a stack of papers on which I answer about thirty questions of a somewhat sensitive nature regarding my reproductive system and personal habits. Then wait for thirty minutes. I am here to see an OB-GYN they call "The King."

(SOUND: a trumpet trill.)

He is called "The King"—

(SOUND: a trumpet trill.)

—because his patients always get pregnant. After only an appointment or two with The King, parents-to-be, from all over the triborough area, are celebrating. Legend has it that, after years of trying unsuccessfully, one woman found herself pregnant after The King offered her a mere handshake.

(SOUND: a trumpet trill.)

In my haste to get here, I skipped breakfast and just packed a hard-boiled egg. I'm getting hungry, but I heed the "Absolutely No Food In Lobby" signs. There's a pregnant twentysomething in front of me. She's loudly crunching into an apple. I assume she hasn't read the sign, and well, she's pregnant, so, of course, I forgive her.

I'm called back to reanswer twelve of the thirty personal-slash-sensitive questions I just answered on paper to a nurse tech who appears thirteen years old. I'm not kidding; she has no boobs. Back to the waiting room.

Another young pregnant woman is eating a yogurt, a drop of which hits the floor beside her. My eyes dart to the "No Food" sign, but she's pregnant, so I forgive her. A thirtysomething pregnant lady eats a burrito out of a noisy wrapper. Does pregnancy affect eyesight? The signs are right there! Two of them! But she's pregnant, so I forgive her.

Lately it feels like everyone is pregnant but me: *(Re: the three pregnant women who are eating in the waiting room:)* Duck, Duck, Duck, Goose Egg.

(SOUND: slide whistle "loser" tone.)

A second nurse calls me back. I answer sixty-seven questions, thirty of which I have answered on paper, and twelve of which went in one ear of the adolescent nurse tech . . . and promptly out her other. Regarding my "advanced maternal age," and the four years my husband, Fletcher, and I have tried unsuccessfully to conceive, Nurse #2 says, "You did the right thing by coming here; forty is old to have a baby." She pops a few jelly beans in her mouth and sends me back to the waiting room.

"Advanced maternal age." *(Beat.)* I smell pizza . . .

An Upper East Side blond and her gorgeous friend are sharing a deep-dish! Neither of them appear pregnant, but I learn that it's the blond, because her friend compliments her on her top, to which she replies, "This *maternity* top? Ick!"

She's pregnant . . . but she sucks, so I'm not forgiving her.

A *third* nurse calls me back. She asks me about five of the most popular questions of the day and tells me to take off "everything from the waist down." (Why can't we have our socks? It's the feet that get coldest, and there's not much fertility information in my toes.) We have a short chat regarding the question of whether or not my insurance company will cover an ultrasound. She doesn't have a clue.

She takes a bite of her General Tso's chicken and goes to check with the front desk. While she's gone, my toes turn blue. She comes back, chewing, and says, "They don't have a clue. Still want the ultrasound?"

Well, I'm here now: naked, blue, hungry, with shoddy health coverage and an empty womb . . . Yes, the ultrasound, please.

In the exchange that follows, she repeatedly instructs me to keep my thighs parted, which I obediently attempt. Every time, my knees drop outward, and every time, my little Catholic adductor muscles then contract and draw them back to close parallel contact.

I can't help it! I've never had an internal ultrasound! I've only seen what they show on TV: a little jelly on the belly, roll the wand, and *(Sings:)* duh-nuh-nuh-na-na! Let's go to the movies . . . !

So imagine my surprise from head to freezing toe when she—again—instructs my knees to fall open, and holds up an instrument roughly the size of—

(SOUND: the whir of an immersion blender.)

. . . my Cuisinart immersion blender.

One of my toes falls off.

She taps the inside of my knee to encourage release and assures me that internal ultrasounds are not too bad, though certainly more fun when you're pregnant.

No shit? You mean gals don't just drop by for a peek at the old uterine wall between shopping and pinot grigios?

I let my knees fall open, and in the nanosecond before my inner thigh muscles can reverse the movement . . . we're in! I'm watching a poor-quality black-and-white film of my ovaries. I learn a few things about my pipery and then the Cuisinart comes out. I can collect my toes and get dressed; The King can see me in a few minutes!

Back to the waiting room. A pregnant brunette is speaking on her phone in French while working on her laptop and balancing a plate of chicken coq au vin on one knee. A delivery guy arrives and hands several bags of food through the glass-paned window at reception. The staff has to clear a festive sheet cake out of the way to make room for their lunches.

I have shrunk a dress size in the time I have been here and I miss my tenth toe.

And then . . .

(SOUND: a trumpet trill.)

. . . I am summoned to meet The King.

("Entering" his empty office:) Hello? Waiting in his office, I gaze at the snapshots of moms, babies, twins, and families that The King has helped into reality. There are letters of gratitude covering every inch and surface of this room, most of them handwritten. I am overwhelmed by the beauty of this man's role in the world, and by the miracle that is life.

(SOUND: an announcement trumpet trill.)

The King appears. With—oh my god—an outstretched hand!

(She rushes to the hand, executing more than one impressive ninja maneuver to shake it. SOUND: "Ta Da!" as JENN *connects with The King's hand.)*

There! We did it! I'm probably pregnant now, so I'm ready to go home. But rather, we sit, and he asks me a few questions, all of which I have answered three times already, in the last two hours, within these very walls.

After questioning, he tells me that based on our "advanced ages," Fletcher and I should each have some lab work done outside of this office in a couple of weeks, and that I should give some blood before

I leave here today. With the results of all three tests, we'll have enough information on how to proceed. Now, I'm not so great with needles, but under the circumstances:

"Great! Whatever you say! I touched your hand, so . . . you want my blood? Sure! How much?"

Back to the nurse-tech teenager.

She is holding a dozen empty vials, which, I quickly comprehend, my life fluid is about to occupy. I turn a little pale and feel a phantom twitch where my tenth toe used to be. She doesn't care. She takes the final bite of her Happy Meal and goes to insert a needle into my left arm. I turn my head away and discover a bulletin board full of photos featuring this *girl* and her three kids. I get it: childbearing is a young person's game.

*(*JENN *reacts as the nurse stabs, but misses, the vein in her arm.)*

Ow! Son of a—*(mouthed curse)*!

(Overlapping Jenn's mouthed curse, SOUND: bleep!)

Mother—*(a string of mouthed curses)*!

(Overlapping Jenn's mouthed curse, SOUND: bleeeeeeeep!)

Horse's—*(mouthed curse)*!

(Overlapping Jenn's mouthed curse, SOUND: bleep!)

(Beat.)

I think I have been rather composed today. I think I have been polite, but, at this point, I have been the only not-pregnant patient at this office for two hours, eaten nothing for the last five hours, answered a slew of personal-slash-sensitive questions mostly in relation to my "advanced maternal age," (a term I suspect I'll now see stamped everywhere from my driver's license to my gravestone) viewed my insides, and lost a toe. So, when the thirteen-year-old stabs and misses my vein, I a.) curse and b.) cry.

A *fourth* nurse with considerably more compassion and—it turns out—aim comes over and soothes me with a friendly voice while simultaneously stabbing a needle into my right arm. Before I know it, they are draining me of pints of blood. I'm pretty cool until vial #28 when, seated, I start to wobble. "Almost done," I hear her say, but the words are coming from two blocks down Park Avenue. She takes the needle out, and . . .

I'm gonna faint!

"It's okay," she says, "fainting may have no medical significance at all. Or it can be a symptom of any number of very serious medical conditions."

You know . . . one or the other.

But we're all pretty sure it's just an inadequate supply of blood to the brain, and so they all shout at me: "PUT YOUR HEAD DOWN!"

Only on the brink of unconsciousness do I so readily relinquish my religious clench, and *let my knees fall open.*

> *(*JENN *thrusts her head between her knees. SOUND: a chorus of "Alleluia!")*

I just want a baby. Why is this thing that seems so natural for everyone else so hard for me? I don't feel "advanced maternal age." I've never been to the hospital. I run marathons. I can do this.

Of course, I remember a time when I tried quite earnestly *not* to get pregnant. I vaguely remember this term . . . "unplanned pregnancy," this notion that it could just *happen to you! Unplanned!* All that fear and birth control! All those teenagers who tried not to, and still got pregnant. Man, those were the days . . . Planning a baby with doctors and appointments feels so artificial. I'm mad at My Age, betrayed by My Body. I should be able to do this.

> *(*JENN *raises her head and stands.)*

When it's clear that I can safely stand on two feet, I am released. I thank everyone there as if we have all collaborated on some award-winning project, and as I exit, you know what they tell me?

"Be sure to have something to eat!"

II.

JENN. At home, Fletcher and I discuss these upcoming tests. While we both know what is required for a "semen analysis," neither of us knows what my "radiological procedure" will entail, so, of course, I search The Internet.

> *(SOUND: "Computer on." The word "Hysterosalpingogram" appears, possibly by projection.* JENN *makes several attempts to pronounce "hysterosalpingogram." Possible ad-lib/audience interaction.)*

I mean, are you kidding me? Is that even a word?

MEDICAL EXPERT. *(V.O.)* Hysterosalpingogram: a radiological procedure which examines the shape and functionality of the uterus and fallopian tubes.

JENN. Oh. I guess it is a word.

MEDICAL EXPERT. *(V.O.)* You're welcome.

JENN. Oh, am I supposed to thank you?

MEDICAL EXPERT. *(V.O.)* Oh, is etiquette dead?

JENN. Okay, okay. Thank you . . . "Online Medical Forum."

MEDICAL EXPERT. *(V.O.)* I prefer "Dr. World Wide Web," or "Know-It-All, MD," or—

JENN. Okay!

*(*MEDICAL EXPERT *is silenced.)*

Anyway . . . I scroll down and gather some details on the procedure for which I am becoming less and less enthusiastic. With this new, Googled knowledge, I become very quiet. No one is saying very much in our tiny apartment. I ponder the costs versus the benefits of what we are about to undertake. How many more procedures? How involved? How intrusive? And for how long? We know so many cases of endless, fruitless fertility treatments. Couples sinking thousands of dollars into the hope that "maybe this time it will work . . ." A cost. A gamble. And no guarantee that in the end there will be a baby.

From the doorway, Fletcher voices some . . . trepidation about his own upcoming "appointment." I'm not sure what to say . . .

(To FLETCHER*:)* Yeah, Fletch, I know how ya feel. Believe me, today was no picnic. And next week, I'll again be asked to disrobe, spread my legs, and withstand some discomfort while they stick a tube up my twat whereby a "radiopaque material" will be squirted into my cervical canal in order to create clearer images for the X-ray. Prior to this exam, it is advised that I take a laxative, wear comfortable clothes, and arrange for a ride to and from the test. I can expect some cramping and discomfort during the procedure, and bleeding over the few days that follow. Dear husband, forgive me when I fail to muster more sympathy for the fact that at the same time of my seven-syllable procedure, you'll be asked to jerk off in a cup.

(Beat. JENN *addresses the audience again.)*

The hysterosalpingogram, also known as "HSG," is unpleasant, to say the least. It is so uncomfortable, in fact, that I wonder if I am too much of a wuss to endure childbirth.

The longer I wait for the results, the more sure I am that I have failed this test because my fallopian tubes have dried into straws of hay.

(Beat.)

With our combined test results assembled, The King can definitively say that I did not "fail" my hysterosalpingogram, and, as it turns out, Fletcher and I each have all the right working parts.

(Tiny celebration.)

Fletcher's system is a little slow, and I'm just old. Or, excuse me:

(Possible audience fill-in-the-blank moment.)

"Advanced Maternal Age."

As much as I dislike it, the term "advanced maternal age" only recently replaced its predecessor term for pregnant women over thirty-five:

(Possible audience guess-what-it-is moment.)

"Geriatric pregnancy."

(SOUND: jungle animals. Perhaps music.)

ANIMAL EXPERT. *(V.O.)* Here we observe the female human specimen in her natural habitat. Note the geriatric qualities, telltale signs that the animal is over the age of 35: a decrease in the total number of eggs, as well as a decrease in the number of *viable* eggs, changes to the thickness of the uterine wall, a rise in follicle-stimulating hormone, and a decrease in estrogen.

(Beat.)

Crikey! Also, that flabby back-of-the-arm thing.

(Jungle sounds and music end.)

JENN. So, because of our advanced ages, The King recommends that we skip the standard infertility routes and "go straight to IVF." IVF means in vitro fertilization. It's when they extract my eggs, accept Fletcher's "deposit," swirl them together in a little dish, and then slip them back up where they should have started on their own. (Not the dish. Just the fish.) I was afraid of this. Of all the fertility procedures, IVF is probably the most effective, but also the most intrusive. It is also the most expensive. It is also the one *not* covered by my insurance.

What my insurance *does* cover, however, is the far less intrusive and statistically less effective IUI. Intrauterine insemination. Or as Fletcher says: "The Turkey Baster Method."

We think that sounds like a good start, but The King insists that the Turkey Baster often takes a couple of tries, and each try takes a full month. We could be losing five or six months before trying the

Fish in the Dish which is where most advanced-age couples end up anyway. Why waste time?

(To THE KING*:)* Because the Fish Dish is, essentially, all the stuff I was hoping to avoid: involved, intrusive, expensive . . . Can't we just try the Turkey Baster for a couple of months?

(To the audience:) The King breathes a royal sigh. "If you were thirty, sure, or even thirty-five, but you are forty. And so are your eggs."

(To THE KING*:)* That's right. *My eggs.* My choice. I am the chicken!

(Beat.)

. . . Or, in this case, the turkey. Gobble gobble.

III.

JENN. The Fertility Clinic explains that our IUI can be administered as soon as my next ovulation, but only *on that very day,* so as soon as I know the egg is coming, I have to get my tail feathers to the clinic, stat.

Great!

Wait.

How do I know the egg is coming?

(SOUND: "Computer on.")

MEDICAL EXPERT. *(V.O.)* Ovulation Prediction Kits determine a woman's most fertile day with great accuracy. The kit offers six opportunities to test for ovulation, once daily. In the twelve to thirty-six hours *before* ovulation, the urine displays a surge in the luteinizing hormone, indicated by a color band on the midstream test kit.

JENN. A what on my what now? In other words:

MEDICAL EXPERT. *(V.O.)* A color shows up when you pee on a stick.

JENN. Got it! Day One—

(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)

Day Two—

(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)

Day Three—

(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)

Day Four—

(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)

If, by the fifth day, there's no sign of a descending egg, I have to motivate the little eggie by administering an ovulation stimulator shot *into my own leg* (and you know how I feel about needles), and then get my tail feathers to the clinic, stat.

Day Five—

(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)

Dammit! I have to take "The Egg Drop Shot!"

But then the pharmacy tells me that the shot is not covered by my insurance and will cost $157. This leads to a tearful exchange with a young customer service representative at my insurance company, who not only confirms this noncoverage, but when pressed, nervously admits, "Don't freak out . . . but the IUI procedure is not covered either."

(To CUSTOMER SERVICE REP*:)* Don't *freak out?* Is that your *script*? I'm trying to have a baby! *A baby!* And it has to happen *today!* Insurance or not, I have to give myself a $157 shot in the leg, and my husband's not home, and I'm all hopped up on progesterone, and by the way, P.S., oh, have I mentioned . . . ? I'M FORTY!

(Back to audience:) I have to calm down. I have to think. I have to drink. My "preconception tea" is an herb-y, fennel-y, chamomile-ish, chai-like brew, aptly named "Fertili-tea." The inspirational thought on today's tea bag reads:

(SOUND: wind chimes.)

MYSTERIOUS VOICE. *(V.O.)* "When the world says, 'Give up,' Hope whispers, 'Try it one more time.'"

JENN. "Hope whispers?" Who writes this shhh-?

MYSTERIOUS VOICE. *(V.O. Whispers:)* "Try it one more time."

JENN. Try what? Oh! O-oh! They come in a six pack, so there's one pee stick left! I mean, if Hope is whispering, I'm not really in a position to ignore it, so . . . I take the last pee-stick test, and this time . . .

(SOUND: a victory "ding!" Perhaps a "+" sign appears.)

The egg is coming. The egg is coming! So, I don't have to pay for a $157 shot in the leg! But I have no idea what the cost of an IUI is. Without insurance, are we talking several hundred dollars? Thousands? I can't ask the clinic because they're closed and won't reopen until tomorrow morning when I'm supposed to *be there*. Ovulating women must show up and sign in between 7:30 and 8:30 AM on the morning after a positive pee test. That's it. That's the window of opportunity until next month. Egg, insurance, egg, insurance . . . The clock is ticking! *All* the clocks are ticking. And, you know what they say: "An egg in the hand is worth more in the bush!"

Bush? Bird! Whatever. We decide to follow through with the IUI even if it is not covered by my insurance.

The next morning, I wake up at 5:30. I have coffee and naturally, *eggs*; I journal, go "number two," and take a shower, taking special care to clean my woo-woo. Morning is not Fletcher's time of day. At five minutes 'til seven, he staggers out of bed, puts on a baseball hat, skips coffee, and says, "Hustle up; it's Game Time!"

(Beat.)

The first thing we do upon arrival to the clinic is confirm that the procedure will be covered by insurance. The girl I spoke to on the phone yesterday should be fired.

(Beat. She looks around.)

Wow! The women here all look great! Not every woman is with a man. Some are with another woman, and some are alone. It doesn't matter; all of us look totally fertile! I feel sure we're all going to get pregnant, and I want to make friends with all of them!

(Silence.)

No one talks at the fertility clinic. You just don't know what anyone else's story is.

(Beat.)

Fletcher goes first, softly chanting to himself: "Leave it all on the field, Fletch. Leave it all on the field."

Eventually we are called back together. I disrobe and we wait in a very small room with virtually no equipment, like a really small, cold, poorly furnished hotel room. In walks Dr. Dickens with a smile and a tiny syringe in a tiny clear plastic bag. The syringe has Fletcher's first and last names printed on it, which she asks him to confirm. Fletcher can't help but make a joke about a "syringe switcheroo,"

and it becomes immediately obvious how exponentially unfunny this joke must become to our lovely doctor on a daily basis.

I insist that Fletcher hold my hand and I brace myself for another hysterosalpingogram. But the IUI itself is so nonintrusive it can be compared to the insertion of a tampon. And just about as quick.

We are advised to go home and do it the "old-fashioned" way, because I should be exposed to as much sperm as possible. You heard that right. And also, that way if there is a baby, one never really knows which way it was conceived. I really like that. I can tell myself it was a natural conception . . . maybe. It's a *mystery*! The *Mystery of Life!* Or *Turkey Basters!*

Dickens says I can stay there for a few minutes if I want to, but I can also get up and go immediately. *Really? Shouldn't there be thirty minutes of legs up the wall or something?* Doc says "nope" and leaves the room.

(To a disappearing DR. DICKENS*:)* But, I have to wait fourteen days to test for pregnancy! What if it falls out?

> *(Music: "The Chicken Dance." To keep the sperm from "falling out,"* JENN *performs a "Leg-Squeeze Chicken Dance" to the music. Music and dancing cease with a flourish. Perhaps a shower of feathers.)*

Finally, I can start testing for pregnancy. I've never been so eager to pee on a stick! My Early Pregnancy Test reports—

> *(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)*

My second Early Pregnancy Test reports—

> *(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)*

My third Early Pregnancy Test reports—

> *(SOUND: a game show-style "loser" buzz. Perhaps a "-" sign appears.)*

As a means of comfort, Fletcher gets our favorite Chinese take-out dinner . . . minus the egg drop soup, as a gesture of sensitivity. His fortune cookie reads: "Eat more cookies." My fortune cookie reads:

> *(SOUND: wind chimes.)*

MYSTERIOUS VOICE. *(V.O.)* "Be patient: in time, even an egg will walk."

> *(SOUND: wind chimes.)*

JENN. What? What did you say about eggs?

MYSTERIOUS VOICE. *(V.O.)* "Be patient: in time, even an egg will walk."

(SOUND: wind chimes.)

JENN. I mean . . . ! Is that even a thing?

MYSTERIOUS VOICE. *(V.O.)* Ancient Chinese Proverb meaning: "If it's meant to happen, it will happen."

JENN. So, I buy a fourth Early Pregnancy Test and this time . . .

(SOUND: a victory "ding!" Perhaps a "+" sign appears.)

It's positive!

(SOUND: wind chimes. Or perhaps a loud, mysterious "gong!" JENN *is astounded. Then . . .)*

Um . . . Forgive me for doubting the validity of the Yum Yum Szechuan carryout, but I'm gonna have to see The King if I want reliable results. However, to get an appointment, I have to wait two weeks!

March 10: My boobs hurt, which I'm sure is a sign that I will start my period. But I don't.

March 11: My period is a full week late. Fletcher says he's calling it. Like it's the last two minutes of the fourth quarter.

March 12: The hope in my heart is so great, so great, so great . . .

March 13: Surprisingly, it's not weird to anybody that I'm declining wine. Except me, it's superbly weird to me.

March 14: I'm switching to decaf. Okay, this is serious.

March 15-18: Without caffeine I avoid all sources of light and sleep for four days, nothing to report.

March 19: I think I feel nauseous. But it's probably part of caffeine withdrawal.

March 20: I think I feel nauseous. But it's probably last night's seafood.

March 21: Definitely nauseous. I shop for ginger ale and saltines. Fletcher says he's definitely calling it.

March 22: Is it morning sickness if it wakes you up in the middle of the night?

IV.

JENN. March 26: The King confirms that I am indeed six weeks pregnant.

(SOUND: celebration music and applause. Perhaps JEN *takes a bow.)*

Fletcher confirms that he, indeed, "called it."

March 30: Vomit.

March 31: Vomit.

April 1: No vomit! Ha ha, April Fools! Dry heaves.

MEDICAL EXPERT. *(V.O.)* Seven Weeks Pregnant. The embryo is the size of a blueberry.

JENN. No food or drink stays down for six days. The King prescribes the same anti-nausea medication that is given to cancer patients. I understand that they are considered safe during pregnancy, but I resist.

MEDICAL EXPERT. *(V.O.)* Eight Weeks Pregnant. The embryo is the size of a kidney bean.

JENN. If I want to pretend that it was the natural human intercourse we had, rather than Dr. Dickens's medical intervention, that got me pregnant, I could entertain those mental gymnastics . . . but now, I am convinced that nothing is getting me through this part except the help of modern medicine. And I begin taking anti-nausea pills every four hours.

(Big breath.)

After research, Fletcher and I have come across a term for what we think I must have:

(SOUND: "Computer on." The term "Hyperemesis Gravidarum" appears, possibly by projection.)

But of course neither of us knows how it's pronounced.

MEDICAL EXPERT. *(Ominous V.O.)* Hyperemesis gravidarum.

JENN. *(To* MEDICAL EXPERT*:)* Show-off. *(Back to audience:)* I run this diagnosis by the OB's office and The King just laughs because the term actually means—

MEDICAL EXPERT. *(V.O.)* Really bad morning sickness.

JENN. This is not morning sickness!

MEDICAL EXPERT. *(V.O.)* It is.

JENN. It's not!

MEDICAL EXPERT. *(V.O.)* It is.

JENN. It can't be!

MEDICAL EXPERT. *(V.O.)* It is.

JENN. I've lost ten pounds!

MEDICAL EXPERT. *(V.O.)* We don't really start to worry until it's twenty or thirty. Have you tried ginger?

*(*MEDICAL EXPERT *is gone.)*

JENN. This is not your typical morning sickness. Evidently, "hyperemesis gravidarum" affects only one to two percent of pregnancies. Before modern medicine, I don't know how women survived it. I guess some of them didn't. I should be so happy that I'm finally pregnant, but my only thoughts are "am I going to lose this baby?" and that if I am going to lose this baby, there is nothing I can do to stop it . . .

MEDICAL EXPERT. *(V.O.)* Nine Weeks Pregnant. The embryo has graduated to a fetus. The fetus is the size of a medium green olive.

JENN. Another late-night visit from Madam Hyperemesis. Oh, and she left a message on her way out: "Hey Pregnant Lady, you're out of mouthwash. P.S. New symptom: constipation."

MEDICAL EXPERT. *(V.O.)* Ten Weeks. The fetus is the size of a prune.

JENN. Please tell me you see the irony.

MEDICAL EXPERT. *(V.O.)* Eleven Weeks Pregnant. The fetus is the size of a fig.

JENN. Another food? It has to be a food? Can't it be a golf ball? A ping-pong ball? A peony?

MEDICAL EXPERT. *(V.O.)* Twelve Weeks. The fetus is the size of a peony.

JENN. Really?

MEDICAL EXPERT. *(V.O.)* No. It's the size of a chicken liver. Raw.

*(*JENN *gags.)*

MEDICAL EXPERT. *(V.O.)* Twelve-week testing explores the six risk-factors associated with advanced maternal age, including decreased fertility, miscarriage, *(Level of* MEDICAL EXPERT*'s volume lowers and* JENN*'s overlap begins here)* high blood pressure, fetal chromosomal abnormality, stillbirth, and maternal death. More than fifty percent

of the embryos of the average woman over forty are abnormal. The majority of abnormal embryos do not survive a full-term pregnancy, if they attach to the uterus at all. These optional tests can identify positive or negative results for trisomy 21, 18, and 13, the most common chromosomal abnormalities: Down syndrome, Edwards syndrome, and Patau syndrome. The test can also provide analysis for chromosomes 22, 16, and select chromosomal regions, including 22q, 15q, 11q, 8q, 5p, 4p. However signs of these abnormalities will require further testing.

(The MEDICAL EXPERT*'s volume can increase and decrease with* JENN*'s overlapping.)*

JENN. *(Overlapping* MEDICAL EXPERT*:)* Because of my advanced maternal age, at twelve weeks we have the option of testing for all sorts of chromosomal disorders. No one sugarcoats these tests. They give it to us straight with all sorts of terrifying percentages attached. *(*JENN *stops her overlap and then picks up again toward end of speech.)* Forty years of age, six risk factors, fifty percent of embryos, trisomy 21, 18, and 13, 22, 22q, 5p, 4p, 21, 21, 21, miscarriage, miscarriage, aneuploidy, maternal death, stillbirth.

MEDICAL EXPERT. *(V.O.)* And five to ten business days to receive the results.

JENN. Some women decline the tests. We decide we want to know.

(Deep breath.)

After they take my blood, we get an unexpected "complimentary" sonogram. I know. You've seen a thousand of these. So have I. My dearest friends shove their printouts into my face and post them online, and I know I'm supposed to squeal and applaud, but . . . I don't get it. What the hell am I looking at? A screenshot of a busted TV? A constellation? Is this a vision test? Why are they such a big thing?

(SOUND: music. Lights swirl as if JENN *is inside the sonogram.)*

Oh, that's why . . . a profile, a silhouette. Movements like water ballet! We marvel at its nose, count its knuckles, and distinguish its head from its butt.

(Music ends. The sonogram is over. Back to reality.)

. . . which is more than Fletcher and I can say for ourselves as we wait the five to ten days for the test results. Five days go by. Then six.

(Silence as she waits.)

It's not too early to talk and read to the Little Fetus Foo Foo, so that helps pass the time.

I'm waiting waiting hours and days.
I'm waiting in one thousand ways.
I do not like it on long walks.
I do not like it in long talks.

I do not like it playing chess.
I do not like it causing stress.
I do not like it there or here.
I'd like to try it with a beer . . .

It's been so long it's almost June;
I could have traveled to the moon!
I do not like things coming late.
I do not like to wait and wait!

(Beat.)

We've been reading mostly Dr. Seuss.

(Silence as she waits.)

Hope is a powerful thing. How else do you stick with a dream for two decades? The baby. The baby at the end makes it all worth it. But if I have to be this sick, and this worried, and there is not a healthy baby—or any baby—at the end, I'm going to have a hard time believing in anything again.

(Silence as she waits.)

Seven days. Eight . . . Nine days go by in which I just . . . continue to age.

So.

If it's a girl, it's going to be easy, we already have a name. (No, I'm not telling you. I would, but Fletcher would kill me.) But, if it's a boy, we don't know, and Fletcher won't entertain real names because he "just knows" it's a girl. Okay, yes, I've always envisioned a girl, but "gender disappointment" is a real thing, and I want to avoid it. So, for boys' names, we come up with the following proposals: Charles, Joseph, Benjamin, Cornelius, Prometheus, Julius, Brutus, Jasper, Casper, and Bear. Bear? I'm going to punch my husband in the nose.

After we fight about "Bear," we move on to a pretty major argument over "Brutus."

(To FLETCHER*:)* You cannot have a small fair boy named Brutus. The other boys will make fun of him and kick his ass.

(To audience:) But Fletcher counters: "Uh, no one's messing with a kid named Brutus. He'll stab you in the back."

(To FLETCHER*:)* For the love of Christ, I need you to take this seriously! I'm nauseated all the time! I'm so old I'm practically *decaying!* I haven't taken a shower in four days, and this is the one pleasurable thing that takes my mind off of feeling *so scared!* Okay?

(Quiet.)

He squeezes my fist. "Hey. Me too."

(Out of the quiet, SOUND: Jenn's cell phone rings.)

Hello? Yes. *ALL NEGATIVE?!? (Listens.)* Oh. Ohmygod ohmygod thankgod thankgod! *(To* FLETCHER*:)* "All negative" is good! *(Listens.)* Sex? The sex! The baby's sex? We wanna know, we wanna know. *(Listens.)* What? *(Listens.)* Did you say— *(Listens.)*

(To FLETCHER*:)* You were right. *(To audience:)* It's a girl.

For the first time since the end of March, I can exhale. With these two pieces of information, I know that no matter how sick I've been or will be, something *wonderful* is to come of this special and personal secret I've been keeping.

(Pause.)

And so, I announce my pregnancy on Facebook.

Yes, if you could all please stop what you are doing and make a big deal out of what is arguably the most common thing in history, but is finally happening to me, that would be great.

V.

MEDICAL EXPERT. *(V.O.)* Second Trimester.

JENN. Now that I have proven myself dependent on The World of Medicine to get pregnant and to stay alive while pregnant, I seize the second trimester as an opportunity to reclaim the hippie, natural experience I'm sure I'm meant to have.

I read Ina May Gaskin's book on midwifery, *Hypnobirthing, The Bradley Method,* a second Ina May book, and many, many online articles of questionable authority. I feel determined that, despite my "advanced maternal age," I can have the trifecta of natural births: spontaneous, *(SOUND: "Ding!" to punctuate these key points)* nonmedicated, *(SOUND: "Ding!")* vaginal. *(SOUND: "Ding!")*

I mention it to The King at my next appointment. His response is that "women over forty are more likely to experience complications," and that I should be prepared to alter my plan.

Between that response and the flimsy "No Food In Lobby" policy at this joint, I've had it! I'm done with the Medical Practice! I silently commit to a natural birth in the rushing waters of a babbling brook, preferably under a full moon.

(SOUND: wolf howl.)

It's my Second Trimester, and I'm "Pregligent."

(SOUND: "Computer on." Perhaps the word "pregligent" has a visible presence during the exchange that follows, possibly by projection.)

MEDICAL EXPERT. *(V.O.)* "Pregligent" could not be found.

JENN. Pregligent. P-r-e-g-l-i-g-e-n-t. Pregligent. Adjective.

MEDICAL EXPERT. *(V.O.)* It's not a word. Please check your spelling and try again.

JENN. Pregligent: A *pregnant* woman's *negligence* to do the things that doctors, society, and the internet tell her to do.

MEDICAL EXPERT. *(V.O.)* Now you're just making stuff up.

JENN. For example, "It's *pregligent* of that forty-year-old to have her baby in the woods."

MEDICAL EXPERT. *(V.O.)* The word is "unsafe."

JENN. "Everyone knows that eating sushi and hot dogs is *pregligent*!"

MEDICAL EXPERT. *(V.O.)* Dicey, risky, hazardous . . .

JENN. "Call me *pregligent*, but at five months pregnant, I still haven't removed my belly button ring."

MEDICAL EXPERT. *(V.O.)* Now that's just dumb.

*(*JENN *addresses audience.)*

JENN. You wouldn't believe what a big deal people are making of my navel piercing. People were a little concerned about my endless vomiting and loss of fluids. People are *very concerned* about my navel piercing. I admit: the skin around my navel ring is pink because I haven't adjusted my spatial awareness to suit my growing belly, and I keep knocking into things. I think it's infected. I should probably see a doctor . . . But, who needs a doctor with Yahoo Answers?

MEDICAL EXPERT. *(V.O.)* Yahoo Answers? *(Deeply offended:)* Well, then, woe to you and your pussy, swollen, infected hole.

*(*MEDICAL EXPERT *is gone.)*

JENN. On Yahoo Answers, I find ninety-two answers, from ninety-two yahoos, half of which say I can leave it in no problem, and half

of which say take it out the minute I discover I'm pregnant. I'm going to have to give this some thought.

(Beat.)

I have given it some thought. Removing the belly ring will leave a weird gaping hole, and since I'll be going to the beach this summer, and since I'm vain, I've decided to keep the belly button ring in. In fact, I decide that if I must be part of the category "advanced maternal age," I might as well also be of "advanced body jewelry age" . . . and I go get my left nipple pierced.

Did I get you? Really? I had you on that one, didn't I? Just for a second . . . ?

No, I don't get my left nipple pierced! And my new midwife says that while outdoor births offer a lot in the way of dirt and animal sightings, I might consider the custom of the most recent millennium, and just use a hospital.

VI.

MEDICAL EXPERT. *(V.O.)* Third Trimester.

JENN. For those giving birth in a home, a goldfish pond, or an Appalachian waterfall, a typed, articulated birth plan is not really necessary. But the thing about the hospital is that if you are going to their house, you have to play by their rules.

For example, our midwife, Jillian, is cautious about my going overdue because at an "advanced maternal age," there is a very slight increase in cases of "fetal demise" after forty weeks of gestation. "Fetal demise" is a horrible phrase, but it gets the point across. If I don't have the baby by my due date, they will want me to be induced.

Pitocin is the most common induction drug. It's said that Pitocin-induced contractions are harder to regulate. You don't get the gradual build in intensity that natural labor allows. More like hopping on a mechanical bull at full throttle. And then staying there until your little buckaroo is ready to squeeze through your saddle straddle.

Another option is a balloon catheter. A balloon-tipped catheter goes in, then saline is inserted to make the balloon expand, cervix ripens, and . . .

(SOUND: party favor noisemakers! Maybe confetti falls.)

"Happy Birthday, Cervix, your party has arrived!"

(The party sounds subside.)

Induction is the opposite of spontaneous.

THIS PLAY IS NOT OVER!



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